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WEST SUFFOLK COUNTY COUNCIL

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# ANNUAL REPORT

of the

Medical Officer of Health

for the

YEAR 1962

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D. A. McCRACKEN, M.D., D.P.H.



WEST SUFFOLK COUNTY COUNCIL



Telephone No.  
Bury St. Edmunds 2281

Westgate House,  
Bury St. Edmunds.

To the Chairman and Members of the West Suffolk County Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the County Medical Officer of Health dealing with the Health and Welfare Services of the County, for the year ended 31st December, 1962.

The population of the Administrative County continues to increase steadily and the latest estimate made by the Registrar General as at June, 1962 totals 135,080 persons. The health of the population in general as judged by the vital statistics continues to be very satisfactory, and no major outbreaks of any infectious disease falls to be recorded. The adjusted death rate, which takes into account the age and sex constitution of the community as compared with the Country as a whole, amounted to 10.6 per thousand of estimated population as compared with 10.5 for 1961, and compared favourably with 11.9 for England and Wales. The total number of live births assigned to the County was 2,377, which is the highest number ever recorded, gives an adjusted birth rate of 18.8 per thousand as compared with 18.0 for England and Wales. The infant mortality rate of 22.7 per thousand related live births is 1.3 in excess of the rate for England and Wales. The perinatal mortality of 33.4 is 2.6 in excess of the rate for England and Wales. Deaths from tuberculosis continued at a very low rate accounted for 0.38 per cent. of total deaths. On the other hand cancer of the lung was the primary cause of death in 60 cases. The Royal College of Physicians in March, 1962 published a report on 'Smoking and Health'. This important document, which was accepted by the Government, demonstrated authoritatively the connexion between smoking and lung cancer. The Ministers of Health and Education asked local authorities to take all possible steps to discourage smoking among children and prevent the formation of the habit. Much publicity material has been distributed throughout the County to all Councils and Schools. The object of the publicity is to prevent children and young persons, in the interests of their own health, from acquiring the habit. For the adults it is essential that they know the facts regarding the dangers of smoking so that they may decide, in view of the known facts, to change their smoking habits in their own interests or as an example to others.

The programme of Capital Projects progresses satisfactorily and details of what is envisaged during the next decade is shewn in the Appendix to this report, which formed the basis of the '10-year plan' which was requested by the Minister of Health and laid before Parliament as a Command Paper in April of this year. The Minister in his preface states

"The purpose is therefore neither to lay down a standard pattern nor to state principles and objectives dogmatically. Rather is it, showing the picture as a whole, to stimulate discussion, study and experiment, and make it possible for local authorities to consider and revise their own intentions in the light of what others are doing and proposing. At the same time the public will be enabled to see for themselves the present extent of community care and take a hand in influencing its future pattern."

At the time of writing the new Homes for the Aged at Bury St. Edmunds and Haverhill have been completed and residents will be admitted very soon. The new Health Clinic and Ambulance Station at Haverhill and the Junior Training Centre at Sudbury are expected to be completed by the end of this year and to become functional in January, 1964. The provision of the new Health Clinic and the Adult Training Centre/Sheltered Workshops at Bury St. Edmunds is well advanced, the sites having been purchased.

A steady expansion continues to take place in community care and this is in accordance with the generally accepted ideal of a close integration of the three branches of the Health Service. The co-operation between the general medical practitioners and hospitals with the home nurses, health visitors, welfare officers, etc., continues to improve with consequent benefit to the community. With the exception of the chiropody service the department has been able to maintain a full staff in each sphere of activity.

It is a pleasure to place on record my appreciation of the support I have received from the Council and the continued encouragement I receive from Brigadier J. R. T. Aldous the Chairman of the Health and Welfare Committee during a year which has been beset with many administrative problems, including much work which has flown from the Local Government Commission for England. The staff of the department have again made a continuous and conscientious effort during the year to deal with much detail arising from the continued expansion of the department and to each and all of them I am indeed grateful.

I have the honour to be,

Your obedient Servant,

D. A. McCRACKEN,

County Medical Officer of Health.

1st August, 1963.

## STAFF

### *County Medical Officer of Health:*

D. A. McCracken, M.D., Ch.B., D.P.H.

### *Deputy County Medical Officer of Health:*

Miss A. J. Rae, M.R.C.S., L.R.C.P., D.P.H.

### *Senior Medical Officer (Mental Health):*

J. L. Evans, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

### *Assistant County Medical Officers:*

P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H.

A. F. Morgan, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

Mrs. D. C. Wall, B.A., M.R.C.S., L.R.C.P.

E. Kinnear, M.B., Ch.B., D.P.H.

### *Consultant Adviser in Psychiatry (Part-time):*

E. Beresford Davies, M.A., M.D., B.Chir., D.P.M.

### *Chest Physician Consultant (Part-time):*

C. P. Hay, M.D., M.R.C.P.E., D.P.H.

### *Dental Surgeons:*

S. H. Pollard, L.D.S. (Principal).

Mrs. S. Tribe, L.D.S.

J. Dewar, L.D.S. (Part-time).

R. E. Lee, L.D.S. (Part-time).

K. Garland, B.D.S. (Part-time).

### *Superintendent Health Visitor:*

Mrs. M. P. Williams, S.R.N., S.C.M., H.V.Cert.

### *Supervisor of Midwives:*

Miss O. E. Payne, S.R.N., S.C.M., H.V.Cert.

### *Speech Therapist:*

Miss B. M. Elton, L.C.S.T.

### *Food and Drugs Act:*

Chief Inspector—D. Thompson.

### *County Social Welfare Officer:*

Miss H. E. Rees, M.A., A.M.I.A.

### *Welfare Officer for the Blind:*

Miss E. E. Bitchenor, B.A.

### *Mental Health/Social Welfare Officers:*

E. Brown.

W. J. J. Tyrrell.

E. R. Lewis, S.R.N., O.N.D.

### *Handicraft Instructresses:*

Miss W. Gamble.

Mrs. D. M. Norden.

### *Chiropodists:*

A. R. Rudd, M.Ch.S.

A. E. Colston, M.Ch.S.

### *Administrative Officer:*

E. White.



# SUMMARY OF VITAL STATISTICS, 1962

Area of Administrative County .. .. .	390,916 acres
Population Census, 1931 .. .. .	106,137
Population Census, 1951 .. .. .	120,652
Population Census, 1961 .. .. .	129,969
Population (Mid-year Estimate, 1962) .. .. .	135,080
Rateable Value .. .. .	£3,345,579
Estimated Product of a Penny Rate .. .. .	£13,814

## Live Births:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
Legitimate .. .. .	1,189	1,091	2,280	
Illegitimate .. .. .	60	37	97	
	1,249	1,128	2,377	17.6

Percentage of illegitimate live births of TOTAL live births **4.1**

## Stillbirths:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Live and Still- births</i>
Legitimate .. .. .	29	16	45	
Illegitimate .. .. .	—	1	1	
	29	17	46	19.0

## Total Live and Stillbirths:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate .. .. .	1,218	1,107	2,325
Illegitimate .. .. .	60	38	98
	1,278	1,145	2,423

## Deaths:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
(All causes) .. .. .	824	713	1,537	11.4
		<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 live and still- births</i>
Maternal (including abortion) ..		1	1	0.4
				<i>Rate per 1,000 related live births</i>
Infant (under one year):	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate .. .. .	30	21	51	22.4
Illegitimate .. .. .	3	—	3	30.9
	33	21	54	22.7
Neonatal (first four weeks):	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate .. .. .	23	17	40	
Illegitimate .. .. .	2	—	2	
	25	17	42	17.7
Early Neonatal	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate .. .. .	18	15	33	
Illegitimate .. .. .	2	—	2	
	20	15	35	14.7
Perinatal	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 live and still- births</i>
Legitimate .. .. .	47	31	78	
Illegitimate .. .. .	2	1	3	
	49	32	81	33.4

Estimated Populations, Birth Rates, Death Rates and Deaths Classified according to causes

DISTRICT	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Tuberculosis respiratory	Tuberculosis other	Syphilis	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm of stomach	Malignant neoplasm of lung, bronchus	Malignant neoplasm of breast	Malignant neoplasm of uterus	Other malignant and lymphatic neoplasm	Leukaemia, leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, Angina	Hypertension with heart disease	Other heart diseases	Other circulatory diseases	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasm of prostate	Pregnancy, childbirth and abortion	Congenital malforma- tion	Other defined and ill- defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and opera- tions of war	All causes
<i>Borough and Urban Districts—</i> Bury St. Edmunds	21,680	17.4	17.6	12.2	10.4	2		1							1	7	3	3	22			2	54	44	1	18	9	1	33	14	5	3	2	1	1		5	19	2	9	2	264
Hadleigh ..	3,450	17.7	18.4	14.5	14.5						1				1	3	1		8				7	10	1	9	2		1	1	1					2			1	50		
Haverhill ..	6,040	19.2	17.3	10.9	11.4		1								1	3		1	8	1			9	12	10	3			11		1				1	2	1	1	66			
Newmarket ..	11,200	18.4	18.2	13.6	13.4									1	4	11	3	1	13	2			20	35	1	19	6		11	5	3	1	2	1	6	3	4	152				
Sudbury ..	6,550	15.6	17.2	24.1	13.7										3	9	4	3	8			1	36	30	3	20	4	1	14	5	2			1	4	1	5	1	158			
Totals ..	48,920	17.6	17.8	14.1	12.1	2	1	1			1			1	10	33	11	8	59	3	3	126	131	6	76	24	2	70	25	12	4	3	4	5	6	33	7	19	4	690		
<i>Rural Districts—</i>																																										
Clare ..	9,380	13.2	16.0	10.8	9.0										3	2	1	1	7				22	21	1	11	6	2	7	2							1	1	11	2	101	
Cosford ..	9,060	13.9	15.8	12.4	10.0	2									3	7	1	1	11				23	16	2	15	6	1	3	5			1	3		2	1	6	3	112		
Melford ..	13,650	15.7	15.7	11.4	10.0								2			5	6	1	14	2			21	32		19	6	3	13	7		2		1		14	4	2	1	155		
Mildenhall ..	23,070	21.9	24.6	7.1	9.7										3	3		1	12			4	25	29	5	20	8		6	9	3	4	1		1	22	5	2	164			
Thedwastre ..	9,380	18.8	21.2	13.4	10.6	1									1	4			10	2			29	25	1	16	2	1	11	5	1			1	2	9	4		126			
Thingoe ..	21,620	16.9	18.6	8.7	8.8									1	4	6	2	2	11	2			24	49	4	16	7	1	15	4	1	2			2	3	21	4	5	3	189	
Totals ..	86,160	17.6	19.5	9.8	9.6	3								3	14	27	10	6	65	6	4	144	172	13	97	35	8	55	32	5	9	4	2	6	1	8	83	17	14	4	847	
Grand Totals	135,080	17.6	18.8	11.4	10.6	5	1	1			1			4	24	60	21	14	124	9	7	270	303	19	173	59	10	125	57	17	13	7	6	11	1	14	116	24	33	8	1537	

Cancer

## NATURAL AND SOCIAL CONDITIONS

### Area.

There has been no change in the area of the Administrative County, which remains at 390,916 acres.

### Population.

The Registrar-General estimated the resident population for the mid-year to have been 135,080 persons, as compared with 133,150 in 1961.

The natural increase in population, i.e. the excess of registered live births over deaths, totalled 840 persons as compared with 659 in 1961. The number of marriages registered was 869 which is equivalent to 12.9 per thousand of population compared with 14.9 for the country as a whole.

### Mortality.

The total number of deaths assigned to the County by the Registrar-General, after adjusting for outward and inward transferable deaths, was 1,537 (males, 824; females, 713) as compared with 1,515 in 1961. The crude total death rate, based on the mid-year estimated population was 11.4, as compared with 11.3 in 1961. Lists of the causes of death are classified according to the Abridged List of the International Statistical Classification of Diseases, Injuries and Causes of Deaths, 1948, as used in England and Wales, and are given in the Table on page 4. Comparability factors for each Urban and Rural District have been provided by the Registrar-General for adjusting the local birth and death rates. These comparability factors, making allowance for age and sex distribution of the population, are handicaps to be applied to the several areas, and when multiplied by the crude birth and death rates experienced in the area, modify the latter, so as to make them comparable with other rates, which have been similarly adjusted.

Heart diseases and other circulatory diseases accounted for 36.6 per cent. of all deaths whilst cancer and vascular lesions of the nervous system were responsible for 15.8 per cent. and 17.6 per cent. respectively. The number of deaths attributable to tuberculosis was 6 as compared with 4 for 1961. The mortality from zymotic diseases as a whole was low.

The adjusted death rates for 1958-1962 with those for England and Wales for comparison, are:—

			1958	1959	1960	1961	1962
West Suffolk	..	..	10.6	10.1	10.3	10.5	10.6
England and Wales	..	..	11.7	11.6	11.5	12.0	11.9

### Live Births.

The number of live births assigned to the County was 2,377 (1,249 males; 1,128 females), as compared with 2,174 in 1961. This was equivalent to a crude birth rate of 17.6 as compared with 16.2 for the previous year. The following table shows the trend of the adjusted birth rates which takes into account the age and sex composition of the community for 1958/1962 together with the national rates for comparison:—

			1958	1959	1960	1961	1962
West Suffolk	..	..	17.7	17.8	16.8	17.3	18.8
England and Wales	..	..	16.4	16.5	17.1	17.4	18.0

### Stillbirths.

An infant, who has issued forth from its mother after the twenty-eighth week of pregnancy and has not at any time after being completely expelled from its mother breathed or shown any sign of life, is a stillborn infant. The number of stillbirths registered was 46 giving a rate of 19.0 per thousand related live and stillbirths as compared with 18.1 for England and Wales. The rates for the quinquennium 1958/1962 together with those for the country as a whole are as follows:—

			1958	1959	1960	1961	1962
West Suffolk	..	..	20.2	20.8	20.8	18.5	19.0
England and Wales	..	..	21.6	21.0	19.8	19.1	18.1

### Infant Mortality.

The number of infants who died before attaining their first birthday was 54 (33 males and 21 females) as compared with 40 in 1961. The rate per thousand related live births was 17.7 as compared with 18.4 for the previous year. The rates for 1958/1962 together with those for England and Wales are as follows:—

			1958	1959	1960	1961	1962
West Suffolk	..	..	28.4	17.9	21.7	18.4	22.7
England and Wales	..	..	22.6	22.2	21.9	21.6	21.4



### Neonatal Mortality.

This sub-division of the infant mortality rate includes all children who die within 28 days of independent existence. The neonatal death rates per thousand live births 1958/1962 were:—

	1958	1959	1960	1961	1962
West Suffolk .. ..	17.8	13.1	20.2	13.8	17.7
England and Wales .. ..	16.2	15.8	15.6	15.5	15.1

### Early Neonatal Mortality.

This further sub-division of the infant mortality rate includes all children who die within seven days of independent existence. The rate per thousand related live births for 1961 was 14.7 compared with 12.0 for the previous year.

### Perinatal Mortality.

This is the term used to determine the combination of stillbirths with deaths occurring during the first week of life. This rate is an indication of birth loss due to circumstances during pregnancy and events during labour and delivery. The following are the rates per thousand live and still-births for 1958/1962 together with those for England and Wales:—

	1958	1959	1960	1961	1962
West Suffolk .. ..	37.7	32.2	39.0	30.3	33.4
England and Wales .. ..	35.1	34.2	32.9	32.2	30.8

### Maternal Mortality.

There was one maternal death.

## CARE OF MOTHERS AND YOUNG CHILDREN

### Health Visitors.

At the end of the year there were eighteen full-time and two part-time Health Visitors excluding the Superintendent Health Visitor.

The arrangement, started last year, of the attachment of one Health Visitor to a group of medical practitioners has found favour with the doctors and is being gradually further extended in the Bury St. Edmunds area. The only difficulties experienced appear to have been administrative but these should clear up when the whole area is covered by this scheme.

Two Health Visitors visit the Geriatric Hospitals weekly and discuss with the Consultant Geriatrician and Almoners the patients they are contemplating discharging. The information is then passed on to the appropriate Health Visitor who sees if the home conditions are suitable. If this is so, and the patient is discharged, she follows up the case arranging the necessary after-care which may consist of Home Help, loan of nursing equipment from the Medical Loan depot, W.V.S. "Meals on Wheels" Service or help from other Voluntary sources.

Almoners from all the General Hospitals serving the County frequently report cases about to be discharged and these are referred to the Health Visitors who visit and put them in touch with all the Services available.

### Health Visitors Refresher Courses.

Two Health Visitors attended the Hearing Testing Techniques Course at the Institute of Laryngology and Otology, London and three attended a refresher course arranged by the Women Public Health Officers Association.

The total number of visits made by Health Visitors was as follows:—

Children under 1 year .. ..	15,023
Children between 1 and 2 years .. ..	4,516
Children between 2 and 5 years .. ..	7,732
Expectant mothers .. ..	968
Other cases .. ..	5,740
	<hr/>
	33,979
	<hr/>

In addition 4,027 ineffective visits were made.

Visits to "Other Cases" have/once again increased and are almost entirely "Home Help" visits.



**Child Welfare Centres.**

The number of centres remains at 29 including three at R.A.F. Stations. The total number of children who attended was 3,331. Of these 1,472 were under one year of age, representing 61.9 per cent. of the total registered live births. The total number of attendances was 22,274 including 13,404 made by children under one year of age.

The Health Visitors made 740 attendances at the County Council centres, and also assisted at the centres provided by the R.A.F. for the wives and children of servicemen at Barnham, Beck Row, Honington and Stradishall.

**Relaxation and Mothercraft Classes.**

These classes are proving popular and have been increased during the year.

We now hold two weekly classes in Bury St. Edmunds and weekly classes are held in Brandon, Hadleigh, Haverhill, Newmarket and Sudbury.

The patients who attend are taught simple mothercraft and physiology of childbirth and relaxation. The classes are organized by the Deputy Non-Medical Supervisor of Midwives and are run by her and the Midwives who have attended a special course of training in this work. We are receiving indications that these classes are very helpful to the mothers.

**Family Planning Clinics.**

These clinics are held regularly at Bury St. Edmunds, Newmarket and Sudbury by the Family Planning Association. The attendances were as follows:—

					<i>No. of New Patients</i>	<i>No. of Attendances</i>
Bury St. Edmunds	..	..	..	..	140	649
Newmarket	..	..	..	..	76	176
Sudbury	..	..	..	..	65	246

The attendances at Ipswich and Stowmarket are now almost negligible.

**Maternity and Nursing Homes.**

There is one nursing home in the County—The Planche, Thurston, which accommodates twenty-one patients. There are no registered maternity homes.

**Nurseries and Child-Minders Regulations Act, 1948.**

There are now four nurseries, providing accommodation for 77 children, two new nurseries having been started during 1962. There is one daily minder for five children.

**Medical and Dental Examination of Children in the Care of the County Council.**

The inspection, by medical and dental officers, of the children in the care of the County Council, including those boarded out by East Suffolk, was continued.

**Dental Care.**

Mr. S. H. Pollard, the Principal Dental Officer, reports as follows:—

“In 1962 there was a reduction in the already small number of mothers and young children applying for dental treatment.

The main reason was the resignation in April of the part-time dental officer who treated patients at the R.A.F. station, Honington. A further probable reason is that, as mentioned in the previous year’s report, treatment for expectant and nursing mothers is now available through the National Health Service without charge to the patient.

It will be noticed that in the figures relating to the dental treatment of children under five there is a discrepancy between the number treated and the number made dentally fit.

As dental caries is a continuing process in children it has been the practice to see the younger ones at fairly frequent intervals, often four times a year. Since the figures refer to the number of children treated and not to the number of courses of treatment given, the majority are not ‘discharged’ but are given an appointment for re-examination in a few months’ time.”

NUMBERS PROVIDED WITH DENTAL CARE				
	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
Expectant and Nursing Mothers	16	16	18	7
Children under five .. .. .	26	17	15	3

# FORMS OF DENTAL TREATMENT PROVIDED

	<i>Scalings or Scaling and Gum treatment</i>	<i>Fill- ings</i>	<i>Silver Nitrate treatment</i>	<i>Crowns or Inlays</i>	<i>Exts.</i>	<i>Anaes- thetics General</i>	<i>Dentures provided</i>		<i>Radio graphs</i>
							<i>Partial</i>	<i>Com- plete</i>	
Expectant and Nursing Mothers	15	36	—	2	18	—	7	2	—
Children under five	—	11	18	—	10	7	—	—	—

In addition 23 miscellaneous operations were carried out on expectant and nursing mothers and 21 on children under five.

## Speech Therapy.

The services of Miss Elton, the Speech Therapist, treating school children are also available for pre-school children. Her report is as follows:—

“Ten pre-school children were seen by the Speech Therapist during 1962, of whom 3 attended regularly for treatment, the remainder being under observation. Of the 10 children, 6 were attending school by the end of the year.”

## Care of Unmarried Mothers and their Children.

The arrangements with the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association, remained in force. Thirty-nine cases were referred to the Association and reports were received from the moral welfare worker. The County Council accepted financial responsibility for the maintenance of twenty unmarried mothers in suitable Homes. A grant of £225 was paid to the Association.

## Care of Premature Infants.

A total of 111 premature births was recorded. Of the 25 infants who were born at home, 16 were nursed entirely at home. Of the nine transferred to hospital, seven survived. All the infants born at home and nursed entirely there survived the first month, whilst of the 84 born in hospital 70 survived the first month.

## Prevention of Break-up of Families.

*Problem Families.* Regular meetings of the three area case committees set up at the end of 1961 for an experimental period of one year have enabled voluntary organizations and statutory authorities including district council officials and the various departments of the County Council to exchange information relating to established and potential problem families and children neglected in their own homes. A total of 24 families have, so far, been referred to the several committees and appropriate recommendations made to the Council's field officers concerned. The meetings have proved valuable in securing co-ordinated action with benefit to a number of families and the area case committees are being continued on a permanent basis.

## Ascertainment of Young Children with Impaired Hearing.

The arrangements for sending Health Visitors to Courses on Hearing Testing Techniques have been continued and all children likely to be affected are followed up.

## Welfare Foods Service.

## Welfare Milk Scheme.

The main centres at Bury St. Edmunds, Newmarket, Haverhill and Sudbury continued to function. At 31st December there were 74 voluntary distribution centres.

During the year the following issues were made:—

CENTRES					COMMODITY			
					National Dried Milk	Cod Liver Oil	Vitamin A. & D. Tablets	Orange Juice
					Tins	Bottles	Packets	Bottles
MAIN								
Bury St. Edmunds	..	..	..	..	5,790	420	956	5,731
Newmarket	..	..	..	..	2,729	197	411	2,556
Haverhill	..	..	..	..	1,461	120	311	1,875
Sudbury	..	..	..	..	1,746	263	323	2,398
TOTAL	..	..	..	..	11,726	1,000	2,001	12,560
VOLUNTARY	..	..	..	..	22,264	1,426	1,330	13,497
TOTAL ISSUES	..	..	..	..	33,990	2,426	3,331	26,057
TOTAL ISSUES (1961)	..	..	..	..	32,520	4,847	4,795	38,159



Last year was the first full working year of the price increase imposed by the Minister of Health in 1961, and it is obvious that this has accelerated the decline in the uptake of cod liver oil, A. & D. tablets and orange juice. The price of national dried milk remained unchanged and issues of this commodity shewed an increase of 4.5 per cent. compared with the 1.9 per cent. decrease in 1961. Changes in the policy of the Minister resulted in revision of the method of accounting. All stamps were abolished and cash only accepted by all distribution centres. This method after a year seems to be working satisfactorily and in this connexion I should like to express my appreciation for the co-operation of all the voluntary workers.

It is a pleasure to pay tribute once again to all those who give up valuable time in order to help the County Council provide an adequate service to expectant and nursing mothers.

**Other Welfare Foods.**

These foods, vitamin products and pharmaceutical preparations are available to mothers and young children through the Health and Welfare Department, Child Welfare Centres and Health Visitors. The following were issued:—

Baby Cereal	..	..	..	1,192 packets
Vitamin products:				
Vitamin C.	..	..	..	5,676 bottles
Vitamin A. & D. (liquid)	..			6,277 bottles
Vitamin A. & D. (solid)	..			234 tins
Vitamin B. (solid)	..	..		1,836 tins
Pharmaceutical preparation:				
Stimulant tablets for Nursing Mothers	..	..	..	343 tins

In addition to these Toothbrushes for children were available and 1,778 were issued. Cash receipts from all these commodities amounted to £975. It is now ten years since these commodities were introduced into the Child Welfare Centres and the demand, during this time, has shown a steady increase. The issues made during 1962 represent an increase of 23 per cent. over the previous year.

**MIDWIFERY AND HOME NURSING**

The number of midwives notifying their intention to practise in the County during the year was 64. The number of cases attended was as follows:—

County Domiciliary Midwives	..	..	..	862
Private Domiciliary Midwives	..	..	..	—
Institutional Midwives	..	..	..	1,197
				<hr/> 2,059 <hr/>

In addition there were 733 births at the U.S. Army Air Corps Hospital at Mildenhall.

**Domiciliary Service.**

On 31st December, 45 nurses were employed:—

Queen’s Nurse/Midwives	..	..	..	10
Other District Nurse/Midwives	..	..	..	27
District Midwife	..	..	..	1
General Nurses	..	..	..	2
Relief Nurses (full-time)	..	..	..	4
Relief Nurses (part-time)	..	..	..	1

Medical aid was called by Midwives in 71 cases, in all of which the Medical Practitioner concerned had undertaken to attend the patient under the National Maternity Medical Services Scheme. Gas and air analgesia was administered to 254 women and Trilene to 479 women. A doctor was not present at the time of delivery in 538 of these cases. The total of 733 represents 83.2 per cent. of all domiciliary cases. Pethidine was administered in 544 cases. In addition to home confinements, domiciliary midwives nursed 367 cases who were delivered in hospitals and discharged before the 10th day.

The number of cases attended by the District Nurse/Midwives was increased this year particularly in the towns. This has coincided with a temporary shortage of Midwives due to retirements and resignations for marriage and the remaining Midwives have sometimes had to work for long hours without off duty, particularly during the adverse weather conditions at the beginning of the year.

The shortage of relief nurses is a problem now that the nurse’s holiday period has been increased.

It is hoped to arrange the District Nurse/Midwives in groups of five, each with a relief nurse, ensuring that the Midwives are able to take the off duty to which they are entitled.

Gas and Air analgesia is being gradually replaced by Trilene.

Pethidine has continued to be used in conjunction with approved analgesics and has proved beneficial.

**Housing for District Nurse/Midwives.**

During the year a County Council house was completed at Boxford for the use of the nurse, and the County Council has been able to rent from the Borough and the Rural District Councils 3 houses (2 Sudbury, 1 Moulton).

This has helped the recruitment of District Nurse/Midwives to the County.

**Sterilised Maternity Outfits.**

Nine hundred and eighty-two packs costing 11/4d. each were supplied free for domiciliary confinements.

**Post-Graduate Training.**

Six District Nurse/Midwives attended a Post-Graduate Course arranged by the Royal College of Midwives at Roehampton, and five attended the Barnet Hill Parentcraft Group Teaching and Relaxation Course at Wonersh.

**Home Nursing Service.**

The home nursing service has been undertaken by the District Nurse/Midwives with the help of the two full-time General Nurses at Newmarket and Bury St. Edmunds.

The total number of patients visited was 3,872 and the number of visits paid totalled 64,604 which is a slight decrease compared with the previous year.

The majority of ill children were nursed in Hospital but those nursed at home numbered 283 of whom 171 were under 5 years of age and 112 between five and fifteen years, the number of visits paid to them by the District Nurses being 692 and 485 respectively. This showed a marked increase on the previous year's figures.

The injection of Antibiotics by the nurses has decreased during the year. This is probably because some of these drugs are now administered in tablet form by mouth. This also applies to the Diabetic patients many of whom now are able to take Insulin by mouth instead of by injection. Thus the number of visits paid by the nurses specially to give an injection has decreased, but the numbers of people who need an injection in addition to general nursing care has increased.

The injections were as follows:—

<i>Drug</i>					<i>General Nursing</i>	<i>Special Visits</i>	<i>Total</i>
Mersalyl	..	..	..	..	683	2,990	3,673
Streptomycin	..	..	..	..	221	448	669
Insulin	..	..	..	..	1,507	9,402	10,909
Others	..	..	..	..	1,235	6,124	7,359
TOTAL					3,646	18,964	22,610

**Liaison Arrangements.**

Liaison with hospitals has been maintained. It has been agreed that the District Nurse/Midwives should help the Hospital Maternity Service by undertaking the care of specially pre-selected Maternity patients who are to be delivered in hospital but are to be discharged home after 48 hours. This applies particularly to the Maternity Hospital, Cambridge and the Newmarket General Hospital.

The local Maternity Liaison Committee have held meetings at Newmarket and Cambridge which have proved to be most helpful.

**AMBULANCE SERVICE**

<i>Year</i>	<i>Grand Total</i>		<i>Ambulances</i>		<i>Sitting Case Cars</i>		<i>Taxis</i>		<i>Railway</i>	
	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>
1958	41,670	471,905	13,620	129,505	27,907	334,460	5	65	138	7,875
1959	42,172	480,329	13,881	123,231	28,082	348,257	5	154	154	8,687
1960	47,284	518,140	13,631	120,341	33,486	389,168	22	158	145	8,473
1961	55,704	614,919	13,958	128,576	41,582	476,334	24	274	140	9,735
1962	57,938	622,132	14,719	131,762	43,085	481,526	16	166	118	8,678

The average miles run per patient was 10.7 compared with 11.0 for 1961.



Ambulances.

The total mileage run is an increase of 2.5 per cent. on 1961. The average number of miles run per patient was 8.9 compared with 9.2 for the previous year.

Sitting Case Cars.

The mileage figures given above, which include both the Council's own vehicles and the Hospital Car Service, represent an increase of 1.1 per cent. on 1961. The average number of miles per patient was 11.2 compared with last year's average of 11.5. The mileage covered in this service includes that of taking the children to the Junior Training Centre at Bury St. Edmunds. This amounted to 88,523 miles for 1962 which represents 18.4 per cent. of the total mileage on sitting cars. This mileage is recharged to the Mental Health Service.

Taxis.

As has been previously reported this form of transport is used solely for transporting school children where an ambulance is not required but where special transport is needed as a result of some minor accident at school. In all cases the child is taken to the nearest hospital for treatment.

Railway.

Although less patients were transported by railway compared with the previous year nevertheless this form of transport was used wherever possible. This mode of conveyance is always used for journeys to distant hospitals to convey patients there because a particular specialised form of treatment is not available more locally. It gives me pleasure once more to commend the helpful attitude and co-operation of the staff of British Railways. They maintain a very high standard and indeed this is now expected. Arrangements made for these journeys often involving interchange termini and the London Ambulance Service work smoothly and well. Patients and escorts alike I know are appreciative of the attention and efficiency that mark this mode of transport.

Hospital Car Service.

The demands on this service are maintained. In a rural county like West Suffolk the role of the Hospital Car Service driver is an important one and forms an essential ancilliary to the full-time ambulance service. There were 45 registered drivers on the 31st December, 1962.

Commendation.

Mr. P. Ungless, an ambulance driver of the Bury St. Edmunds station was awarded a Certificate of Commendation from the "Society for the Protection of Life from Fire" for his action in rescuing an infant from a fire on 6th March. He was accompanied by Mr. A. V. Chappell who although taking a less active part in the rescue nevertheless played a vital role in helping Mr. Ungless to rescue the child. Both drivers were also commended by the Minister of Health.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Tuberculosis.

The arrangements for the supervision of tuberculous patients continued. The number of notified cases of tuberculosis on the register at the end of 1962 was:—

Pulmonary			Non-pulmonary			Total Cases
Male	Female	Total	Male	Female	Total	
179	153	332	18	26	44	376

Particulars of new cases of tuberculosis and of all deaths from the disease are shown below:—

NEW CASES					DEATHS				
Age Periods	Pulmonary		Non- Pulmonary		Age Periods	Pulmonary		Non- Pulmonary	
	M.	F.	M.	F.		M.	F.	M.	F.
0—	—	—	—	—	0—	—	—	—	—
1—	—	—	—	—	1—	—	—	—	—
2—	—	—	—	—					
5—	1	—	—	—	5—	—	—	—	—
10—	—	—	—	—					
15—	1	—	—	—	15—	—	—	—	—
20—	2	1	1	—					
25—	5	2	1	2	25—	—	1	—	—
35—	5	5	—	1					
45—	2	2	—	—	45—	—	1	—	—
55—	4	2	—	—					
65—	6	1	—	—	65—	2	—	—	1
75+	—	2	1	1	75+	—	1	—	—
TOTALS	26	15	3	4	TOTALS	2	3	—	1

The total primary notifications of tuberculosis amounted to 48 (41 pulmonary, 7 non-pulmonary), as compared with 41 in 1961. The notification rate of pulmonary and non-pulmonary tuberculosis was 1 and 1 per 100,000 of the population respectively. The number of deaths represented 0.38 per cent. of all deaths.

The incidence rate of pulmonary tuberculosis, per 100,000 of the population, for 1962 was 30. Since returns for a particular year may be misleading, it is more valuable to consider the average figures for the past five quinquennial periods:—

<i>Period</i>	<i>Rates per 100,000</i>			
	<i>Incidence</i>		<i>Deaths</i>	
	<i>Pulmonary</i>	<i>Non-pulmonary</i>	<i>Pulmonary</i>	<i>Non-pulmonary</i>
1938-42	75	28	40	9
1943-47	84	30	26	8
1948-52	74	18	19	5
1953-57	33	5	6	1
1958-62	25	4	3	0.5

During the past 25 years for every 100,000 of the population the incidence rate of the disease in its pulmonary form has been reduced from 79 to 30, and the death rate has been reduced from 42 to 3. In the case of non-pulmonary infection the incidence and death rates for the same period have diminished from 24 to 2.5 and from 6 to 1, respectively. Statistical details of notifications, deaths, and mortality expressed as a percentage of the total deaths are given in Tables I—III at the end of this report.

**Examination of Contacts.**

One hundred and eighty-nine contacts were invited for examination and 189 were examined by the Chest Consultant Physician. The average number of contacts examined for each new case reported was 3.6.

**After Care.**

A total of 357 domiciliary visits were made by Health Visitors, who work in close liaison with the Chest Consultant Physician. Three patients were provided with extra nourishment in the form of milk.

**General.**

All newly notified cases are referred automatically to the Chest Consultant Physician, who is employed by the East Anglian Regional Hospital Board but two elevenths of whose time is allocated to and paid for by the Council.

**Recuperative Holidays.**

Eighteen persons were given recuperative holidays. These included seven debilitated women admitted to the Suffolk Convalescent Home, Felixstowe, two elderly women to Maitland House, Frinton, seven children to the Middlesex Convalescent Home, at Clacton and two children to a holiday home at Lowestoft.

**Chiropody Service.**

The establishment of chiropodists was increased to three full-time officers as from 1st April, 1962 but in spite of repeated advertisements in both professional and public press no suitable candidate applied. The position was further aggravated by the resignation of one of the existing chiropodists. It was therefore agreed to endeavour to appoint part-time staff to the equivalent of three full-time chiropodists but this also proved unsuccessful. As a temporary expedient it has been decided to revert to the previous method of reimbursing the West Suffolk Old People's Welfare Association the actual cost of employing a chiropodist.

Four thousand three hundred and sixty-five treatments were carried out, of these 1,580 being done in patients' own homes as they were unfit to attend clinics.

Two hundred and nine new cases, all of whom were aged persons with the exception of nine disabled, were treated during the year.

**Medical Loan Depots.**

The County Secretary of the British Red Cross Society who run the Medical Loan Depots on behalf of the County Council reports that all the Depots have been extremely busy. New equipment purchased consisted of the usual nursing requisites and walking aids, chairs, commodes, portable bed pulleys and hospital beds. Equipment in all depots was stated to be in good order.

The District Nurses, Health Visitors and Welfare Officers find this service invaluable.



## MENTAL HEALTH SERVICE

### 1. Administration.

#### *(a) Constitution of the Mental Health and General Purposes Sub-Committee.*

The Committee consists of nineteen members of the Council. There is one co-opted member. Meetings are held quarterly.

#### *(b) Staff.*

The County Medical Officer is responsible for the overall administration of the Service but a Senior Medical Officer, Dr. J. L. Evans, was appointed to deal with the day-to-day administration and to assist the County Medical Officer in the planning of future services.

#### *(c) Co-operation with Regional Hospital Board and Hospital Management Committees.*

Co-operation at all levels continued as in previous years, between the department and the East Anglian Regional Hospital Board and hospitals.

#### *(d) Duties delegated to Voluntary Associations.*

No duties were delegated to Voluntary Associations.

#### *(e) Training of Mental Health Workers.*

Two of the three Mental Welfare Officers completed a part-time course on social work with mentally disordered persons at the College of Arts and Technology, Cambridge, and the third commenced a general course in social work, on a part-time basis, at the Civic College, Ipswich. The Supervisor of the Junior Training Centre, Bury St. Edmunds attended a residential refresher course.

A one-day course in mental health for a wide range of the department's officers was held.

The first Welfare Assistant, appointed earlier in the year, started a two-year course of training for social workers, as recommended by the Younghusband Report, at the North West Polytechnic, London in September.

### 2. Account of Work Undertaken in the Community.

#### *(a) Training Centres.*

The number of subnormal children attending the Junior Training Centre, Bury St. Edmunds reached 42 during the year, its full capacity. The Centre is in the charge of a Supervisor who is assisted by three Assistant Supervisors. Its functioning coincide with the school terms.

Arrangements were made for four children to attend Junior Training Centres in adjacent Counties, bringing the number attending out-County Centres to six.

A second Junior Training Centre, similar in size to the present one, but with an improved lay-out, was in course of construction at Sudbury. It is hoped that a third Junior Training Centre will eventually be built at Newmarket.

An Adult Training Centre in Bury St. Edmunds is planned for in 1963/64. Its purpose will be to provide training in handicrafts and simple industrial jobs for mentally handicapped men and women in the community and for children who have become too old to continue attendance at the Junior Centres.

#### *(b) Home Visits to the Mentally Subnormal.*

These are undertaken regularly, or as necessary, by the Mental Welfare Officers and Health Visitors.

#### *(c) Home Visits to the Mentally Ill.*

Pre- and After-Care Visits have continued to be paid, primarily by the Mental Welfare Officers, to the homes of the mentally-ill, mostly at the request of family doctors, relatives of patients and doctors of the mental hospitals. This work has proceeded in effective close harmony with the doctors and a good working understanding existed to the benefit of the community service.

#### *(d) Admissions to mental hospitals.*

The number of admissions to mental hospitals in which Mental Welfare Officers were involved totalled 122, compared with 127 for the previous year. 62.3 per cent. as compared with 42.1 per cent. were admitted under Section 29, while the number of those admitted informally dropped from 44.1 per cent. to 29.5 per cent. The increasing use of Section 29 was due to reasons set out in my report for 1961. It should also be remembered that the great majority of informal admissions were not known to the Department.

Patients known to have been admitted to Mental Hospitals:

						<i>Number</i>		<i>Total</i>	<i>Percentage of Total Admissions</i>
						M.	F.		
<b>Compulsory</b>									
Section 25 cases	..	..	..	..	..	2	5	7	5.7
Section 26 cases	..	..	..	..	..	3	—	3	2.5
Section 29 cases	..	..	..	..	..	26	50	76	62.3
<b>Informal admissions</b>	..	..	..	..	..	19	17	36	29.5
<b>Totals</b>						50	72	122	100.0

Subnormal and severely subnormal patients in hospitals on 31st December, 1962:

						M.	F.	<i>Total</i>
Etloe House, Leyton	..	..	..	..	..	—	1	1
Harperbury Hospital	..	..	..	..	..	1	—	1
Little Plumstead Hospital	..	..	..	..	..	18	16	34
Monkton Hall, Jarrow	..	..	..	..	..	1	—	1
Moss Side Hospital	..	..	..	..	..	—	1	1
Jane Walker Hospital, Nayland	..	..	..	..	..	—	4	4
Rampton Hospital	..	..	..	..	..	3	—	3
Risbridge Home, Kedington	..	..	..	..	..	40	37	77
Riversfield Home, St. Neots	..	..	..	..	..	7	2	9
Royal Eastern Counties Hospital, Colchester	..	..	..	..	..	37	36	73
St. Joseph's Home, Sudbury	..	..	..	..	..	—	5	5
St. Mary's Convent, Roehampton	..	..	..	..	..	—	4	4
Stoke Park Hospital, Stapleton	..	..	..	..	..	1	4	5
St. James' Hospital, Saffron Walden	..	..	..	..	..	—	1	1
Runwell	..	..	..	..	..	1	—	1
						109	111	220

During the year seven persons were admitted to hospitals for the mentally subnormal for long-term care, while two received temporary care.

At the end of the year 25 persons were on the waiting list for long-term care in these hospitals, six of whom were regarded as being in urgent need. A year earlier nineteen persons were awaiting hospital care.

#### *Pastime Therapy.*

Some fifteen severely subnormal persons received this type of occupation in their own homes.

#### *New Cases of Subnormality or Severe Subnormality.*

						M.	F.	<i>Total</i>
Cases reported under Education Act	..	..	..	..	..	2	2	4
Cases otherwise referred	..	..	..	..	..	8	9	17
<b>Totals</b>						10	11	21

## DOMESTIC HELP SERVICE

The growth of this Service has continued, with an increase of just over 14 per cent. in the number of households assisted during the year. Since many households contain more than one person the number actually helped and kept out of institutional care is much greater. Rather more than one-third of the total were new cases.

It is difficult to estimate when the demand for this Service will have reached its peak, the limiting factor at present appears to be the lack of suitable Home Helps in some areas.

At the end of 1962, the number of enrolled helpers was 528 of whom 405 were employed, as compared with 501 enrolled helpers, of whom 339 were working, at the end of 1961.

The number of cases where domestic help was provided during the year was 777 as compared with 680 during 1961.



The households assisted were:

Maternity	..	..	..	..	..	..	35
Tuberculosis	..	..	..	..	..	..	3
Chronic Sick, including Aged and Infirm	..	..			..	..	651
Others	..	..	..	..	..	..	88
							<hr/> 777 <hr/>

In 470 of the households assisted during the year, help began prior to 1962, this number including one maternity case, two tuberculosis, 415 chronic sick, including aged and infirm, and 52 other cases.

**PREVALENCE OF AND CONTROL OVER  
INFECTIOUS AND OTHER NOTIFIABLE DISEASES**

**Infectious Diseases.**

*Scarlet Fever.* The number of cases notified totalled 50 compared with 79 in 1961 and 198 in 1960. Sixteen of these cases were reported in the Cosford Rural District; 13 in the Haverhill Urban District; nine in the Mildenhall Rural District; and six in the Melford Rural District. In no other district did the numbers exceed one. There were no deaths and the disease continued to be of a mild clinical type.

*Whooping Cough.* A total of 10 cases was notified as compared with 331 in 1961 and 84 in 1960. Four of these cases occurred in the Haverhill Urban District; three in the Cosford Rural District and in no other district did the number reported exceed one. There were no deaths.

*Acute Poliomyelitis.* No case was reported as compared with one in the previous year.

*Measles.* 236 cases were notified as compared with 2,778 in 1961 and 225 in 1960. The greatest number of cases recorded occurred in the Thedwastre Rural District where there were 99, and 53 cases were reported in Mildenhall Rural District. Newmarket Urban District had 43 cases and Thingoe Rural District had 13. In no other district did the number reported exceed five. There were no deaths.

*Diphtheria.* As in previous years no case was reported.

*Pneumonia (Acute primary or influenzal).* The number notified totalled 50 as compared with 89 in 1961 and 74 in 1959. Seventeen of these cases occurred in the Melford Rural District, and 15 in the Sudbury Municipal Borough. The number of deaths attributed to this disease was 10 as compared with 19 for the previous year.

*Dysentery.* Three cases were reported during the year. No cases were notified for 1961 although three were reported in 1960.

*Acute Encephalitis Lethargica.* No case was reported, the same as the previous year.

*Typhoid and Paratyphoid Fevers.* One case of paratyphoid was notified as compared with no cases in 1961.

*Erysipelas.* Three cases were notified compared with four cases in 1961 and eight in 1960.

*Meningococcal Infection.* No cases were notified as compared with two in the previous year.

*Food Poisoning.* Two cases were notified. There was none in 1961.

*Puerperal Pyrexia.* Seven cases were notified as compared with nine in 1961 and 47 in 1960.

*Ophthalmia Neonatorum.* As in 1961 no cases were reported.

*Infective Hepatitis.* Six cases were notified as compared with ten in 1961 and five in 1960.

*Malaria.* As in 1961 no cases were notified.

**Vaccination against Tuberculosis.**

In my Annual Report for 1961 I mentioned that towards the end of the year a pilot scheme for B.C.G. vaccination of school leavers had been tried out. During 1962 all schools where there were pupils of this age including, at the request of their Headmasters or Headmistresses, all direct grant and private schools, were visited and Heaf testing and B.C.G. vaccination, where necessary, were arranged for all those pupils whose parents consented. The chest physician of the Regional Hospital Board arranged for all Heaf positive reactors to be x-rayed, writing to their own doctors to tell them of the offer and later as to the result.

During the first term of the year pupils in their third year at the secondary modern schools were treated. No unexpected difficulties were encountered and vaccination at these schools was completed before the end of the term. Secondary grammar schools, direct grant and private schools were next offered vaccination. At these schools pupils in their fourth year and upwards were advised to accept the offer if there was any likelihood of their leaving school at or before the end of the next academic year. Later a second round of visits was paid to all the modern schools and testing and vaccination offered to all pupils above the third year, and a second chance given to those in the third year. By the end of the year, 1,887 adolescents born during the years 1943 to 1948 inclusive had been tested and the 1,647 Heaf negative reactors had been vaccinated.

The table I below shows that the majority of those tested were born in 1948. The numbers born from 1945 to 1943 are too small for the percntage of Heaf positive children among them to be anything but an indication of the position in their age group.

TABLE I

<i>Year Born</i>	<i>Number Tested</i>	<i>No. Heaf Positive</i>	<i>% Heaf Positive</i>
1943	10	6	60
1944	68	20	29
1945	109	29	27
1946	184	28	15
1947	484	63	13
1948	1032	94	9
	<hr/>	<hr/>	
	1887	240	
Other years	49	4	
	<hr/>	<hr/>	
	1936	244	
	<hr/> <hr/>	<hr/> <hr/>	

Once testing was started at schools where there were appreciable numbers of the older pupils (that is at grammar schools) it became obvious that the proportion of young persons in the County who have already been exposed to infection and have already acquired resistance, is much greater amongst those over, than amongst those towards the end of, compulsory school age. Numbers, although small, suggest that the rate has fallen relatively rapidly in respect of persons born later than 1945.

In the modern secondary schools the great majority of those tested were born in 1948. The proportion of Heaf positive children in this age group at these schools varied greatly between different schools as is shown in the table II below.

TABLE II

<i>Secondary Modern Schools</i>	<i>No. Tested</i>	<i>Heaf Positive</i>	<i>% Heaf Positive</i>
Bury St. Edmunds Silver Jubilee			
Boys' and Girls' .. ..	215	14	6.5
Newmarket .. ..	77	4	5.2
Sudbury Boys' .. ..	37	2	5.4
Ixworth .. ..	97	7	7.2
Beyton .. ..	79	10	12.6
Clare .. ..	97	7	2.5
Mildenhall .. ..	88	7	8.0
(Brandon) .. ..	37	14	37.8
Stoke-by-Nayland .. ..	39	5	12.8
Haverhill .. ..	83	8	9.6
Hadleigh .. ..	48	6	12.5

It will be noted that at three schools the numbers tested are too small for the figures to have much significance. It was at first thought that the lower rate of Heaf positive children found where a high proportion of pupils come from urban homes, might be related to the fact that pasteurisation of milk was more general at an earlier date in the urban areas. This theory was, however, upset by the low percentage of Hcaef positive children in the purely rural area of Clare School.

[Before this report was printed it became known that the proportion of Heaf positive reactors amongst the third year pupils, i.e. born in 1949, at Clare School tested during the first three months of 1963 was just under 7 per cent. which was higher than the proportion found during the first three months of 1963 at the schools where a high proportion of pupils come from urban homes.]



At the grammar schools the proportion of Heaf positive reactors depended very largely upon the proportion of “sixth formers” at the school. Even allowing for this, however, the proportion of Heaf positive children at Newmarket Grammar School seems to be lower than at schools of the grammar type at Bury St. Edmunds and Sudbury, where it was approximately normal. This is in keeping with the fact that none of the modern schools with a high proportion of Heaf positive reactors come into catchment area of Newmarket Grammar School.

*Proportion of Heaf Positive Reactors at Brandon School.*

Before testing was begun, the Chest Physician suggested that relatively high Heaf positive rates were to be expected in the Brandon and Sudbury areas since the incidence of tuberculosis in these areas in the not far distant past had been relatively high. It was, however, unexpected and somewhat disconcerting to find, towards the end of the first three months of testing, that the proportion of Heaf positive reactors in the third year of the Senior Section at Brandon School was more than three times that of any other school previously tested, and ten times as great as the proportion so far found at Clare. It then had to be considered whether this high Heaf positive rate was due to the past high incidence of tuberculosis at Brandon, or whether this particular group of children was being infected by the presence of a tuberculous child amongst them or a tuberculous member of the school staff. All the staff were x-rayed and none was tuberculous. It was decided, therefore, to Heaf test all the children at this school. (At this point information was received from the Ministry of Health that one batch of tuberculin issued for Heaf testing was giving a high positive rate. Although this batch had not been used at Brandon it was decided first to re-test the Heaf positive children, using the batch of tuberculin which had given the very low rate at Clare School. Parents of all the twelve children found previously to be Heaf positive agreed to their children being re-tested and the same, positive, result was obtained in every case). The Brandon area was unique in this County in that in 1962 children of from seven to fifteen years were all being taught at one school. At this school all the children came from Brandon or two very small villages nearby. The number of children tested and the number of Heaf positive reactors are given in the following table according to the years of their birth.

TABLE III

BRANDON SCHOOL

<i>Year Born</i>	<i>No. Tested</i>	<i>No. Heaf Positive</i>	<i>% Heaf Positive</i>
1947	18	8	44.4
1948	37	14	37.8
1949	35	9	25.7
1950	39	10	25.6
1951	44	4 (of whom 2*)	9.0
1952	37	5 *	13.5
1953	40	0	0
1954	45	1 *	2.2

\*All these are younger siblings of Heaf Positive pupils.

It was found that the proportion of Hcaf positive reactors in the third year group, of the Senior Section, was not exceptional but fell into the pattern of the school as a whole, and that the Heaf positive children in the Junior Section of the school, were, with only two exceptions, the siblings of Heaf positive children in the Senior Section. The sharp fall in the number of positive reactors in the junior half of the school is in keeping with the decrease in the incidence of tuberculosis which has taken place in Brandon recently. All the children who were Heaf positive were x-rayed but none was found to be tuberculous. Briefly, the testing of the whole school showed that the relatively high proportion of positive reactors amongst the older children at this school was due to the relatively high incidence of tuberculosis in Brandon some years ago.

It will be interesting to see how many of the younger children are still Heaf negative when they are re-tested shortly before they reach school-leaving age.

I should like to record my appreciation of the co-operation of Brandon School and of the parents of these children. Not one of the original 12 who were Heaf positive, refused to be re-tested and only a negligible proportion of the parents in the whole school refused permission for their children to be tested. Many difficulties might have been encountered, and the fact that they were not, and the speed and pleasantness with which the whole proceeding was carried out including the x-ray of the positive reactors at West Suffolk General Hospital fourteen miles away, is a tribute to the organization of the procedure, which was left in the hands of the teaching staff.

## Statistics.

The number of persons vaccinated during the year was as follows:—

					By County Staff	By General Practitioners	Total
<i>Diphtheria.</i>							
Primary doses	..	..	..		1	14	15
Re-inforcing doses	..	..	..		152	92	244
					<hr/>	<hr/>	<hr/>
TOTAL	..	..	..	..	153	106	259
<i>Triple Antigen—(Diphtheria, Whooping Cough and Tetanus).</i>							
Primary	..	..	..	..	169	1,129	1,298
Re-inforcing	..	..	..	..	108	334	442
					<hr/>	<hr/>	<hr/>
TOTAL	..	..	..	..	277	1,463	1,740
<i>Tetanus.</i>							
Primary doses	..	..	..		9	143	152
Re-inforcing doses	..	..	..		126	112	238
					<hr/>	<hr/>	<hr/>
TOTAL	..	..	..	..	135	255	390
<i>Smallpox.</i>							
Vaccination	..	..	..	..	3	6,589	6,592
Re-vaccination	..	..	..		—	8,002	8,002
					<hr/>	<hr/>	<hr/>
TOTAL	..	..	..	..	3	14,591	14,594
<i>Poliomyelitis—Salk.</i>							
1st and 2nd Doses	..	..	..		138	1,472	1,610
3rd Doses	..	..	..	..	1,043	4,014	5,057
4th Doses	..	..	..	..	40	255	295
<i>Poliomyelitis—Oral—Sabin.</i>							
Full Course	..	..	..	..	406	153	559
Re-inforcing dose after 2 Salk				..	810	117	927
Re-inforcing dose after 3 Salk				..	282	35	317
						By Chest Consultant	
<i>Tuberculosis.</i>							
B.C.G.	..	..	..	..	1,692	169	1861

## HEALTH EDUCATION

The maximum use has, as in previous years, been made of publications of the Central Council for Health Education, Ministry of Health and other organizations. Posters published by both the Ministry of Health and the Central Council for Health Education have been displayed in Child Welfare Centres throughout the County. These have dealt with such subjects as Safety in the Home, Dental Hygiene, Food Hygiene, Personal Hygiene and Smoking and Health. Posters with regard to the latter have been distributed to Borough, Urban and Rural District Councils, to Parish Councils and to Chairmen of Parish Meetings for display as public notices. Posters on this subject have also been displayed in Child Welfare Centres.

Members of the medical and nursing staff have given talks, lectures on various health matters to members of the public. The Womens' Institute, the St. John Ambulance Brigade, British Red Cross Society, Parent-Teacher Associations have received members of the staff who have given talks on topics within the framework of Health and Welfare Services as required. The numbers attending the talks have been varied but I am pleased to say that no less than 16 people were addressed at any one time. Various organizations ask again and again for the services of nurses and health visitors to give talks on their work and from reports of my staff it is becoming evident that the public in West Suffolk are becoming more and more health conscious. I feel certain that the talks that it has been possible to provide through our staff have a stimulating effect on the public.

Health Visiting staff as in previous years gave pre-nursing training courses at the Silver Jubilee School, Bury St. Edmunds and the High School, Sudbury. It is gratifying to report that so far every girl taking this course on taking the written part of the examination (preliminary State Registration) has been successful. The County Medical Officer of Health has given a series of lectures on preventive and social medicine to student nurses at the West Suffolk General Hospital.

The general education of the public in Health matters has thus continued on the well developed lines reported in earlier reports. With the additional facilities of strip projectors it has been possible to keep the interest of the public in these matters. My medical and nursing staff take every opportunity of teaching Health Education in the course of their duties.



The various talks that are given through the medium of television and radio and the various articles that appear in the public press are, I feel, complementary to the work of this Department. The well-informed questions given at lectures to the various speakers indicate that the public are growing increasingly interested in this subject and are indeed learning that “prevention is better than cure”. This I feel is some indication of the measure of success that Health Education is achieving.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply.

The sampling of milk for all those services for which the County Council is responsible, is carried out under the supervision of the County Medical Officer by Mr. D. Thompson, the Chief Sampling Officer and Chief Inspector of Weights and Measures, and his staff.

Pasteurising Plants.

Four pasteurising plants remained licensed at the end of 1962. These plants were all inspected regularly by the Chief Sampling Officer and his staff.

The following samples were taken:—

No. of Samples Taken	Phosphatase Test		Methylene Blue Test			Failed Both Tests
	Passed	Failed	Passed	Failed	Not Tested	
96	96	—	91	—	5	—

Dairies, other than Pasteurising Plants.

It is the further responsibility of the County Council as Food and Drugs Authority to inspect and sample at dairies other than pasteurising plants.

The number of dairies for which licences were issued at the end of the year:—

Dealers' (Pre-packed milk) Licences	..	..	..	83
Dealers' (Tuberculin Tested) Licences	..	..	..	3

The following Tests were made:—

	Passed	Failed	Invalid or Not Tested	Total
Raw Tuberculin Tested:				
Methylene Blue .. ..	15	1	—	16
Pasteurised: .. ..				
Phosphatase .. ..	233	2	—	235
Methylene Blue .. ..	221	4	10	235
Sterilised:				
Turbidity .. ..	3	—	—	3

Appropriate action was taken where the results were unsatisfactory.

Sale of Infected Milk.

Samples were taken from 14 tuberculin-tested herds for biological tests and no failure was recorded.

Milk in Schools.

One-third of a pint of milk (either tuberculin tested pasteurised or pasteurised) was available on every school day to every child attending maintained and private schools. On a day chosen at random in September, 13,024 children had milk, representing about 74 per cent., of the school population, in maintained schools.

A complaint from a school that a foreign object was found floating on top of a bottle of milk when the cap was removed was investigated. The pasteuriser bottling the milk was cautioned.

The following samples were taken:—

	Passed	Failed	Invalid or Not Tested	Total
Pasteurised Milk:				
Phosphatase Test ..	140	—	—	140
Methylene Blue Test ..	130	7	3	140
Tuberculin Tested:				
Biological Examination ..	—	—	—	—
Methylene Blue Test ..	—	—	—	—

The causes of the failures were investigated with the view of preventing recurrence.

### *Sampling at Institutions.*

All samples of milk taken passed the phosphatase test.

### **Food and Drugs Act.**

The Chief Sampling Officer and his staff took 547 samples of which 31 were found to be adulterated or not up to standard.

Of the eight samples of milk reported as below standard, four contained added water.

A customer complained of a black object floating in a bottle of milk, this proved to be mould growths of some vegetable matter, probably a leaf. The fault appeared to be due to the use of a bottle which had been returned in a dirty condition and which the bottle washing machine could not deal with adequately. The dairy company bottling this milk were warned.

A customer complained that a bottle of sterilised milk tasted of disinfectant. The Analyst agreed with this and the dairy company concerned were seen and an explanation sought. The dairy manager disclosed that this complaint was not an isolated one and that a very large quantity of milk had to be destroyed because this taint had got into the milk. Considerable work was done in a local laboratory by bacteriologists trying to find the cause of this trouble but they had to admit defeat. The dairy manager circulated all his farmers stressing the need for care in the use of sterilants, etc., when cleaning their equipment.

With regard to foods other than milk, some of the faults were due to faulty labelling and the packers were cautioned.

A sample of lemon juice said to "contain the undiluted goodness of sun ripened lemons" was found to contain a negligible amount of Vitamin C, a most important constituent of lemon juice. The manufacturers were able to satisfy the Chief Sampling Officer that prolonged storage by wholesaler and retailer had caused the loss of Vitamin C. The manufacturers discontinued packing the article.

Two samples of orange curd made by the same manufacturer were submitted to the Public Analyst. One was deficient in whole egg solids and the other deficient in fat, citric acid and whole egg solids. Proceedings were instituted, fines and costs imposed amounted to £13. 3s. 0d.

A frozen product called "Fish Fingers" was found to contain 68 per cent. fish. The Analyst is of the opinion that the product should contain not less than 75 per cent. fish. When the manufacturers were approached they expressed concern at the findings as they thought the Analyst's figure of 75 per cent. for fish fingers was somewhat high. The Analyst and the manufacturers are discussing the matter.

A sample of vegetable juices claimed to contain 5 milligrams per ounce of Vitamin C was found to contain only 3.1 milligrams per ounce. After investigation it was found that the article had been in stock for some considerable time causing loss of Vitamin C to take place. The packers were cautioned.

A sample of plum jam in a home made cake shop consisted of blackberry and apple fruits and in addition was deficient in soluble solids. The proprietor of the shop was interviewed and warned that all preserves sold must comply with the Standards Order.

The Analyst commented on the description applied to a meat called "Casserole Beef Steak". In his opinion the word "casserole" applied to a canned product is misleading as it is impossible to carry out such a process in a can. The manufacturers were approached but would not agree with the opinion of the Analyst. This matter may resolve itself if the Food Standards Committee's recommendations about canned meats are adopted.

A sample of sweets containing a non-permitted colour was the subject of proceedings. Fines, Analyst's Fee and costs amounting £28. 10s. 0d. were imposed.

A bubble gum was found packed in a container on which a picture of strawberries and cream appeared. The description on this container also said it was "Strawberries and Cream". In explanation, the manufacturers said that this description applied to the flavourings but admitted that both flavours were synthetic. The Chief Sampling Officer suggested that the label was a dangerous one as the articles contained therein had no connection whatever with strawberries or cream. The makers agreed to amend their carton.

A sample of a "Health Bread" which claimed to be "protein enriched" was found to have a protein content very similar to ordinary bread. Fines and costs imposed amounted to £27. 10s. 0d.

A sample of soup powder stated it was "truly all tomato" in fact contained nine other ingredients. The makers were approached and cautioned.

A confection called "Rum flavour butter candy" was found packed in a display box labelled "Rum butter candy". The article contained no rum. The manufacturers on being approached said that these were old containers which would be replaced. The Chief Sampling Officer expressed dissatisfaction with their reply and suggested that, if they wished to continue using this display material, a stick-on label should be obtained with a correct description of the article. The firm was warned of the risk they ran in continuing to use false descriptions.

Details of the samples taken were as follows:—

	<i>Number Taken</i>	<i>Number Adulterated</i>
Apples .. .. .	2	—
Biscuits .. .. .	5	1
Blackcurrant Juice .. .. .	3	—
Bread and Breadcrumbs .. .. .	7	1
Bread Sauce .. .. .	1	—
Bubble Gum .. .. .	1	1
Butter .. .. .	12	2
Cheese and Cheese Spread .. .. .	4	—
Coffee and Mixtures .. .. .	8	—
Condensed Milk .. .. .	1	—
Cream .. .. .	5	—
Dried Fruit .. .. .	2	—
Drugs .. .. .	3	—
Fish Products .. .. .	5	1
Flour .. .. .	4	—
Flour Mixture .. .. .	1	—
Flour Confectionery .. .. .	8	1
Fruit Juice .. .. .	4	1
Fruit (Canned) .. .. .	1	—
Glace Cherries .. .. .	1	—
Health Foods .. .. .	4	—
Honey .. .. .	1	—
Jam .. .. .	1	—
Jellies .. .. .	1	—
Lard .. .. .	2	—
Lemon Juice .. .. .	1	1
Margarine .. .. .	3	—
Marzipan .. .. .	3	—
Mayonnaise .. .. .	2	—
Meat Products .. .. .	35	4
Milk .. .. .	235	4
Milk (Channel Island) .. .. .	118	4
Nut Filling .. .. .	1	—
Olive Oil .. .. .	1	—
Peanut Spread .. .. .	1	—
Pepper .. .. .	1	—
Pickles and Sauces .. .. .	3	—
Preserves .. .. .	16	4
Puddings .. .. .	3	—
Rice .. .. .	1	—
Shandy .. .. .	6	—
Skim Milk Powder .. .. .	1	—
Soft Drinks .. .. .	7	1
Soup .. .. .	6	1
Sugar .. .. .	1	—
Sugar Confectionery .. .. .	10	3
Vegetables Dried .. .. .	1	—
Vegetable Juices .. .. .	1	1
Vinegar .. .. .	3	—
	547	31

SOCIAL WELFARE

Welfare Officers.

Three dual-purpose Welfare Officers, a Welfare Officer for the Blind and two Handicraft Instructresses have carried out the field work. A Welfare Assistant joined the staff during the year and commenced a two-year course (as recommended by the Younghusband Committee) in September.

The following visits were paid:—

(a) Aged .. .. .	2,511
(b) Blind and Partially Sighted .. .. .	2,613
(c) Deaf and Hard of Hearing .. .. .	115
(d) Disabled (other than (b) or (c)) .. .. .	3,049
(e) Others .. .. .	1,355
TOTAL .. .. .	9,663

Welfare of the Disabled.

The total of 736 on the Registers at the end of the year represents an increase of 94 on the figure for a year earlier, and is some reflection of the continued development in the nature and scope of the various welfare services.



The numbers on the Registers were as follows:—

(a)	Blind	..	..	..	..	..	..	..	273
(b)	Partially Sighted	..	..	..	..	..	..	..	97
(c)	Deaf with Speech	..	..	..	..	..	..	..	16
(d)	Deaf without Speech	..	..	..	..	..	..	..	32
(e)	Hard of Hearing	..	..	..	..	..	..	..	46
(f)	Generally Handicapped	..	..	..	..	..	..	..	272
TOTAL									736

NOTE: Where a person is registered under more than one heading, e.g. Blind and Hard of Hearing, only blindness, as the principal disability, has been counted in computing these figures.

The age groups are as follows:—

	0-15	16-64	65 and over	Total
Blind	4	65	204	273
Partially Sighted	5	32	60	97
Deaf with Speech	—	12	4	16
Deaf without Speech	—	24	8	32
Hard of Hearing	4	21	21	46
Generally Handicapped	1	196	75	272
TOTALS	14	350	372	736

### Blind and Partially Sighted.

Forty-five new blind and twenty-three new partially-sighted persons, excluding transfers from other areas and re-certifications were admitted to the Registers.

Details of the cause of defective vision of persons registered as blind or partially sighted and of those who received treatment are:—

(i) Number of cases registered during the year with recommendations as follows:—	Primary Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	2	3	—	13
(b) Treatment (medical, surgical or hospital supervision)	21	10	—	19
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	13	9	—	14

There were no new cases due to retrolental fibroplasia or ophthalmia neonatorum.

One woman machine knitter was supported in sheltered employment at the Norwich Institution for the Blind, and grants paid that body respecting two basket makers, whose work in their own homes was supervised by the Institution. Under the Home Workers' Scheme of the National Library for the Blind a braille copyist and piano tuner worked as a copyist and was assisted to the extent of a £50 grant to the Library. Nine other blind persons were in remunerative employment in the community as follows: 1 typist, 2 telephone operators, 1 gardener, 1 poultry-keeper, 3 machine tool operators and 1 process worker.

The placement service of the Royal National Institute for the Blind was used for a number of persons requiring rehabilitation and/or industrial employment. The Group Disablement Resettlement Officer from Norwich was again most helpful and co-operative. There were 51 blind persons registered at the end of the year.

Only in a few cases was Braille and Moon instruction necessary, due to the fact that the overwhelming majority of new cases were in the top age brackets.

The National Library for the Blind have been paid fees for special services given to certain registered blind persons.

The West Suffolk Voluntary Association for the Blind have provided many complementary services for the blind and partially sighted: such as extra comforts and nourishment, holidays, parties, trips to the seaside and other social activities, maintenance of radio sets and provision of talking book machines, special gifts at Christmas and grants for special needs. There was excellent integration between the statutory and voluntary services.



**Deaf and Hard of Hearing.**

In accordance with the Ministry of Health Circular 25/61 registered deaf and hard of hearing persons were regrouped into three new registers, namely Deaf without Speech, Deaf with Speech and Hard-of-Hearing, resulting from definitions recommended by the Younghusband Committee, and adopted by the Ministry.

A grant of £150 was paid the Suffolk Mission to the Deaf, whose Missioner and staff again afforded valuable ‘specialist’ services for registered persons. All received regular visits from the welfare staff.

**Handicapped Persons (General Classes).**

At 31st December there were 272 persons on this register, their only or major disabilities being classified as follows:—

Amputations .. .. .	17
Arthritis and rheumatism .. .. .	49
Congenital malformations and deformities .. .. .	20
Diseases of the digestive and genito-urinary system; of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin .. .. .	46
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine .. .. .	18
Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. .. .. .	91
Neurosis, psychosis and other nervous and mental disorders not included in organic nervous diseases .. .. .	9
Tuberculosis (respiratory) .. .. .	6
Tuberculosis (non-respiratory) .. .. .	5
Diseases and injuries not specified above .. .. .	11
	<hr/> 272 <hr/>

**Works of Adaptation.**

A number of registered disabled persons were assisted by a variety of works and adaptations in and about their homes.

**Aids for the Handicapped.**

Aids of various sorts were bought and loaned to assist registered disabled persons in their own homes.

**Handicraft and Social Centres.**

Weekly social and handicraft classes were continued at the centres at Newmarket and Sudbury, and the monthly class at this Department. The occupational therapy service was maintained at about the same level as for the previous year, and a number of sales of work held to assist in the disposal of the completed articles.

**Car Badges for Severely Disabled Drivers.**

A few more car badges were supplied to severely disabled drivers for display on their vehicles to facilitate parking.

**Welfare of the Aged in the Community.**

The “guiding light” in promoting the welfare of the aged, directly and indirectly in association with the voluntary organizations, was to do all possible to keep them in their own homes for as long as possible. In recognition of the services they had given with just this in view, grants were made to such voluntary organizations as the West Suffolk Old People’s Welfare Association and the Women’s Voluntary Service. Grants were also made to District Councils towards the cost of providing special housing with welfare services for the aged.

**Residential Accommodation.**

At 31st December residential accommodation was provided as follows:

St. Mary's Hospital, Bury St. Edmunds .. .. .	131
The Glanely Rest, Exning .. .. .	57
Bristol House, Felixstowe .. .. .	45
North Court, Bury St. Edmunds .. .. .	57
Red House, Sudbury .. .. .	15
Manson House, Bury St. Edmunds .. .. .	1
"Cloncurry", Felixstowe .. .. .	3
Homes for Epileptics .. .. .	4
Homes for Deaf and Dumb Women .. .. .	1
Maintained in other Local Authorities' Homes .. .. .	4
Other Voluntary Homes .. .. .	11
	<hr/>
	329
	<hr/>

This was six more than the year before. Forty registered blind and partially-sighted persons were accommodated—three more than the year before.

The number accommodated in the Joint-User establishment of St. Mary's Hospital was about the same.

The new Homes at Haverhill and Bury St. Edmunds were well on the way to completion by the end of the year, and will provide a further 88 beds some time in 1963; though this will be gradually counterbalanced by the running down of the available Part 3 beds at St. Mary's Hospital.

**Registered Homes.**

The Methodist Homes for the Aged opened a new Home—The Martins—at Bury St. Edmunds for 36 persons. One registered Home was allowed to increase its registered capacity from 11 to 17 persons. No registrations were cancelled. The resultant position at the end of the year was: 7 homes for Old Persons providing for 132, 1 home for 17 disabled persons, 1 home for 20 old and disabled persons, 2 homes for 22 mentally disordered persons.

**Temporary Accommodation.**

No undue demands were made on Temporary Accommodation during the year.

**Protection of Movable Property.**

The Council continued to use its residual powers under Section 48 of the National Assistance Act, 1948, where this was necessary to protect the movable property of persons covered by this provision.

TABLE I  
TUBERCULOSIS NOTIFICATIONS—RATE PER 1,000 POPULATION

Year	Population	Pulmonary			Rate			Non-Pulm.			Rate		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1934	104,250	40	51	91	0.38	0.48	0.87	29	13	42	0.27	0.12	0.40
1935	103,900	34	49	83	0.32	0.47	0.79	12	10	22	0.11	0.09	0.21
1936	103,610	42	29	71	0.40	0.27	0.62	18	19	37	0.17	0.18	0.35
1937	102,890	40	41	81	0.38	0.39	0.78	20	19	39	0.19	0.18	0.37
1938	103,290	34	48	82	0.33	0.46	0.79	11	14	25	0.10	0.13	0.24
1939	105,590	41	40	81	0.38	0.37	0.76	17	10	27	0.16	0.09	0.25
1940	108,600	32	36	68	0.29	0.33	0.62	16	8	24	0.14	0.07	0.22
1941	114,630	52	41	93	0.45	0.35	0.81	23	19	42	0.20	0.16	0.36
1942	109,900	42	45	87	0.38	0.40	0.79	13	24	37	0.11	0.21	0.33
1943	109,940	52	36	88	0.47	0.32	0.80	22	16	38	0.20	0.14	0.34
1944	108,020	42	41	83	0.38	0.37	0.76	16	21	37	0.14	0.19	0.34
1945	105,060	50	47	97	0.47	0.44	0.92	16	15	31	0.15	0.14	0.29
1946	106,080	43	41	84	0.40	0.38	0.79	17	19	36	0.16	0.17	0.33
1947	107,580	52	48	100	0.48	0.44	0.92	10	11	21	0.09	0.10	0.19
1948	111,984	45	42	87	0.40	0.37	0.77	16	10	26	0.14	0.08	0.23
1949	112,278	51	32	83	0.45	0.28	0.73	5	10	15	0.04	0.08	0.13
1950	116,514	57	51	108	0.48	0.43	0.92	11	12	23	0.09	0.10	0.19
1951	124,200	50	54	104	0.40	0.43	0.83	9	15	24	0.07	0.12	0.19
1952	128,900	31	31	62	0.24	0.24	0.48	8	16	24	0.06	0.12	0.18
1953	125,600	28	19	47	0.21	0.15	0.37	6	10	16	0.04	0.08	0.12
1954	124,500	31	25	56	0.25	0.20	0.45	2	8	10	0.02	0.06	0.08
1955	123,900	21	18	39	0.17	0.15	0.31	1	3	4	0.01	0.02	0.03
1956	125,100	15	13	28	0.12	0.10	0.22	9	7	16	0.07	0.03	0.10
1957	125,300	22	25	47	0.18	0.19	0.36	8	5	13	0.06	0.04	0.10
1958	126,900	19	17	36	0.15	0.13	0.28	2	5	7	0.02	0.04	0.06
1959	127,400	13	14	27	0.10	0.11	0.21	2	4	6	0.02	0.03	0.05
1960	131,540	10	10	20	0.07	0.07	0.15	2	1	3	0.02	0.01	0.02
1961	133,150	27	11	38	0.20	0.08	0.28	1	2	3	0.01	0.02	0.02
1962	135,080	26	15	41	0.20	0.10	0.30	3	4	7	0.01	0.01	0.01



**TABLE II**  
**TUBERCULOSIS MORTALITY—RATE PER 1,000 POPULATION**

<i>Year</i>	<i>Population</i>	<i>Pulmonary</i>			<i>Rate</i>			<i>Non-Pulm.</i>			<i>Rate</i>		
		<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
1934	104,250	30	26	56	0.28	0.24	0.52	9	7	16	0.08	0.06	0.15
1935	103,900	31	27	58	0.29	0.25	0.55	5	3	8	0.04	0.02	0.07
1936	103,610	24	19	43	0.23	0.18	0.41	7	5	12	0.06	0.04	0.11
1937	102,890	14	16	30	0.13	0.15	0.29	4	5	9	0.03	0.04	0.08
1938	103,290	26	18	44	0.25	0.17	0.42	3	4	7	0.02	0.03	0.06
1939	105,590	31	20	51	0.29	0.18	0.48	3	6	9	0.02	0.05	0.08
1940	108,600	20	14	34	0.18	0.12	0.31	5	4	9	0.04	0.03	0.08
1941	114,630	26	23	49	0.22	0.20	0.42	8	5	13	0.06	0.04	0.11
1942	109,900	23	18	41	0.20	0.16	0.37	5	7	12	0.04	0.06	0.10
1943	109,940	20	13	33	0.18	0.11	0.30	7	6	13	0.06	0.05	0.12
1944	108,020	16	12	28	0.15	0.10	0.26	6	4	10	0.05	0.03	0.09
1945	105,060	15	11	26	0.14	0.10	0.24	5	5	10	0.04	0.04	0.09
1946	106,080	15	11	26	0.14	0.10	0.24	4	5	9	0.03	0.04	0.08
1947	107,580	14	16	30	0.13	0.14	0.27	3	1	4	0.02	0.01	0.03
1948	111,984	16	16	32	0.14	0.14	0.28	5	6	11	0.04	0.05	0.09
1949	112,278	15	11	26	0.13	0.09	0.23	6	2	8	0.05	0.01	0.07
1950	116,514	10	7	17	0.08	0.06	0.14	3	3	6	0.03	0.03	0.05
1951	124,200	11	12	23	0.08	0.09	0.18	2	2	4	0.02	0.02	0.03
1952	128,900	11	7	18	0.08	0.05	0.13	1	1	2	0.01	0.01	0.02
1953	125,600	9	1	10	0.07	0.01	0.08	2	1	3	0.01	0.01	0.02
1954	124,500	6	3	9	0.05	0.02	0.07	—	—	—	—	—	—
1955	123,900	4	2	6	0.03	0.02	0.05	—	—	—	—	—	—
1956	125,100	9	3	12	0.07	0.02	0.09	1	—	1	0.01	—	0.01
1957	125,300	3	1	4	0.02	0.01	0.03	—	2	2	—	0.02	0.02
1958	126,900	1	—	1	0.01	—	0.01	—	—	—	—	—	—
1959	127,400	5	1	6	0.04	0.01	0.05	—	—	—	—	—	—
1960	131,540	2	1	3	0.02	0.01	0.02	—	1	1	—	0.01	0.01
1961	133,150	1	2	3	0.01	0.02	0.02	1	—	1	0.01	—	0.01
1962	135,080	2	3	5	0.01	0.01	0.01	—	1	1	—	0.01	0.01

TABLE III

The following table shows the mortality from tuberculosis expressed as a percentage of the total mortality:—

<i>Year</i>	<i>Deaths from Tuberculosis</i>	<i>Deaths from all causes</i>	<i>Percentage</i>
1934	72	1,362	5.28
1935	66	1,357	4.86
1936	55	1,402	3.92
1937	39	1,397	2.79
1938	51	1,325	3.84
1939	60	1,438	4.17
1940	43	1,576	2.72
1941	62	1,569	3.95
1942	53	1,482	3.57
1943	46	1,497	3.07
1944	38	1,454	2.61
1945	36	1,396	2.57
1946	35	1,350	2.59
1947	34	1,499	2.26
1948	43	1,356	3.17
1949	34	1,489	2.28
1950	23	1,444	1.59
1951	27	1,595	1.69
1952	20	1,463	1.36
1953	13	1,419	0.91
1954	9	1,428	0.63
1955	6	1,402	0.43
1956	13	1,496	0.87
1957	6	1,345	0.45
1958	1	1,437	0.07
1959	6	1,419	0.42
1960	4	1,360	0.29
1961	4	1,515	0.26
1962	6	1,537	0.38





## **Appendix**

### **DEVELOPMENT OF LOCAL AUTHORITY HEALTH AND WELFARE SERVICES for the Period ending 31st March, 1972**

**MINISTRY OF HEALTH CIRCULAR (2/62)**

# PROJECTED POPULATION

Year	Estimated Population	Migrant Estimated Population	Total Estimated Population	No. of Births	No. of Deaths	Natural Increase	Population Projected	Estimated Population Aged 65+	Percentage of Population Aged 65+
1961	134,200	—	134,200	—	—	—	—	—	12.7
1962	134,200	—	134,200	2,278	1,608	670	134,870	17,800	13.1
1963	134,870	—	134,870	2,295	1,620	675	135,545	17,952	13.245
1964	135,545	2,000	137,545	2,346	1,656	690	138,230	18,508	13.390
1965	138,230	2,000	140,230	2,380	1,680	700	140,930	19,071	13.535
1966	140,930	2,000	142,930	2,431	1,716	715	143,645	19,640	13.680
1967	143,645	2,000	145,645	2,482	1,752	730	146,375	20,236	13.825
1968	146,375	2,000	148,375	2,516	1,776	740	149,115	20,831	13.970
1969	149,115	2,000	151,115	2,567	1,812	755	151,870	21,436	14.115
1970	151,870	2,000	153,870	2,618	1,848	770	154,640	22,041	14.260
1971	154,640	2,000	156,640	2,669	1,884	785	157,425	22,676	14.405
1972	157,425	2,400	159,825	2,720	1,920	800	160,625	23,370	14.550
1973	160,625	2,400	163,025	2,771	1,956	815	163,840	24,056	14.695
1974	163,840	2,400	166,240	2,822	1,992	830	167,070	24,792	14.840
1975	167,070	2,400	169,470	2,873	2,028	845	170,315	25,521	14.985
1976	170,315	2,400	172,715	2,941	2,076	865	173,580	26,262	15.130
1977	173,580	2,400	175,980	2,992	2,112	880	176,860	27,320	15.275
1978	176,860	2,400	179,260	3,043	2,148	895	180,155	27,779	15.420
1979	180,155	2,400	182,555	3,111	2,196	915	183,470	28,557	15.565
1980	183,470	2,400	185,870	3,162	2,232	930	186,800	29,346	15.710
1981	186,800	2,400	189,200	3,213	2,268	945	190,145	30,137	15.855

# CAPITAL PROGRAMME

<i>Schemes (in order of priority) Financial Year 1962/63</i>	<i>Location and size</i>	<i>Need</i>	<i>Provisional Cost £</i>	<i>Effect on Revenue Expenditure £</i>
Hadleigh Residential Home for old people	Angel Street, Hadleigh. 40 places	NEW PROVISION To meet increasing need for Part III accommodation	Total cost of scheme .. 57,000 Cost of site approx. .. 1,700	+ 13,750
Health Clinic Bury St. Edmunds	Looms Lane, Bury St. Edmunds	To replace present inadequate accommodation	Total cost of scheme .. 34,000 Cost of site approx. .. 5,000	+ 3,900
District Nurses Houses: Newmarket Bury St. Edmunds Clare Icklingham Kedington Lavenham Hadleigh Glemsford Boxford Sudbury		NEW PROVISION To provide for increased establish- ment, and successors to nurses, now living in own accommodation, who are retiring	Total cost of scheme .. 35,050 Cost of site approx. .. 6,000	+ 3,550



**Capital Programme (continued)**

<i>Schemes (in order of priority)</i>	<i>Location and size</i>	<i>Need</i>	<i>Provisional Cost £</i>	<i>Effect on Revenue Expenditure £</i>
<i>Financial Year 1963/64</i>				
Sudbury Ambulance Depot and Clinic (including Ambulance Drivers' houses)	Sudbury	NEW PROVISION so far as Ambulance Depot is concerned Clinic premises to replace sessions at present held in unsatisfactory premises	Total cost of scheme .. 34,250 Cost of site .. approx. .. 6,000	+ 3,900
Bury St. Edmunds Senior Training Centre/ Sheltered Workshop	30 places	NEW PROVISION To meet requirements of expanding Mental Health Service	Total cost of scheme .. 40,000 Cost of site approx. .. 750	+ 7,600
Sudbury Residential home for old people	Sudbury 40 places	NEW PROVISION Urgently required to meet increasing need for Part III accommodation	Total cost of scheme .. 57,000 Cost of site approx. .. 6,000	+ 14,350
Sudbury area House and garage for Area relief District Nurse/ Midwife	For 1 nurse/midwife	NEW PROVISION to provide accommodation for increase in Establishment	Total cost of scheme .. 3,000 Cost of site approx. .. 500	+ 300
Lakenheath area House and garage for Area relief District Nurse/ Midwife	For 1 nurse/midwife	NEW PROVISION to provide accommodation for increase in Establishment	Total cost of scheme .. 3,000 Cost of site approx. .. 500	+ 300
Brettenham area House and garage for Area relief District Nurse/ Midwife	For 1 nurse/midwife	NEW PROVISION to provide accommodation for increase in Establishment	Total cost of scheme .. 3,000 Cost of site approx. .. 500	+ 300

**Capital Programme (continued)**

<i>Schemes (in order of priority)</i>	<i>Location and size</i>	<i>Need</i>	<i>Provisional Cost £</i>	<i>Effect on Revenue Expenditure £</i>
<i>Financial Year 1964/65</i>				
Newmarket Junior Training Centre	42 places	NEW PROVISION To meet requirements of expanding Mental Health Service	Total cost of scheme .. 27,000 Cost of site approx. .. 2,000	+ 7,145
Haverhill House and garage	For 2 nurse/midwives	NEW PROVISION To meet requirements of expanding service due to "overspill", etc.	Total cost of scheme .. 3,500 Cost of site approx. .. 750	+ 350
Thurlow House and garage	For 1 nurse/midwife	NEW PROVISION To provide accommodation for successor to nurse, living in own accommodation, who is retiring	Total cost of scheme .. 3,000 Cost of site approx. .. 750	+ 350
<i>Financial Years 1965/66/67</i>				
<i>Financial Years 1967—72</i>				
Bury St. Edmunds Residential Home for old people	50 places	No major projects envisaged  NEW PROVISION To meet needs of expanding population	Total cost of scheme .. 60,000 Cost of site (token) .. 5,000	+ 15,000
Haverhill Residential Home for old people	50 places	NEW PROVISION To meet needs of expanding population	Total cost of scheme .. 60,000 Cost of site (token) .. 5,000	+ 15,000
Newmarket Residential Home for old people	50 places	NEW PROVISION To meet needs of expanding population	Total cost of scheme .. 60,000 Cost of site (token) .. 5,000	+ 15,000
Bury St. Edmunds Psychiatric Hostel	For 12 persons	NEW PROVISION Expansion of Mental Health Services	Total cost of scheme .. 6,000	+ 4,350

## STAFF

*Stated as a whole-time equivalent in each case and staff for School Health Service excluded*

<i>Category of Staff</i>	61/62	62/63	63/64	64/65	65/66	66/67	67/72
Doctors (including M.O.H.) .. ..	3.1	3.1	3.1	3.1	3.4	3.4	4.0
Dentists .. .. .	.1	.3	.4	.4	.5	.5	.5
Domiciliary midwives .. ..	18.9	20.3	22.0	23.0	23.9	23.9	27.0
Health visitors .. .. .	12.6	14.0	15.4	16.8	18.2	19.6	22.4
Home nurses .. .. .	23.1	24.7	26.9	28.5	29.1	29.1	33.0
Other Nursing Staff in the Health Service (Supervisory) .. ..	1.7	2.7	2.7	2.7	2.7	2.7	2.7
Ambulance Staff (Total of all grades). (Give No. of vehicles in brackets) ..	14(11)	17(12)	21(14)	23(15)	23(15)	23(15)	39(16)
Staff (other than domestic) in Training Centres for Mentally Subnormal ..	4	8	13	17	17	17	17
Home Helps (including supervisory Staff) .. .. .	89.8	100	110	120	120	120	150
Staff (other than domestic) in residential accommodation under S.21/48..	46	46	64	72	80	80	103
Staff (other than domestic) in non-residential centres for the handicapped under S.29/48 .. ..	2	2	2	2	3	3	4
Domiciliary Social or Welfare Workers							
(a) University or equivalent professional training (i.e. almoners, psychiatric social workers and family case workers) .. ..	2	2	2	3	4	4	4
(b) General training in social work (i.e. with certificate of Social Workers' Training Council when available) .. ..	—	—	—	1	2	3	3
(c) Other social workers .. ..	3	3	4	4	4	4	4
(d) Welfare assistants .. ..	—	1	2	2	1	1	1
Chiropodists .. .. .	2	3	4	4	4	4	5



**NET REVENUE EXPENDITURE**  
(including loan charges and capital expenditure from revenue)

Service	62/63 £	63/64 £	64/65 £	65/66 £	66/67 £	71/72 £
Health Centres	..	..	..	..	..	..
Care of Mothers and Young Children	..	..	..	..	..	..
Midwifery including expenditure as Local Supervising Authority	..	..	..	..	..	..
Health Visiting	..	..	..	..	..	..
Home Nursing	..	..	..	..	..	..
Vaccination and Immunisation	..	..	..	..	..	..
Ambulance Service	..	..	..	..	..	..
Prevention of Illness, Care and After Care (excluding Mental Health)	..	..	..	..	..	..
Domestic Help	..	..	..	..	..	..
Mental Health	..	..	..	..	..	..
Expenditure under other enactments and on general administration	..	..	..	..	..	..
Expenditure on local health services not reckonable for general grant	..	..	..	..	..	..
	19,400	20,330	20,330	21,220	21,970	21,645
	3,500	3,500	3,750	3,750	3,750	4,000
Total for Local Authority Health Services (equivalent to item 4 of Table A of the Epitome of Accounts)	205,755	239,640	261,855	276,920	281,735	322,570
Residential Accommodation under S.21 of the National Assistance Act, 1948 (including Temporary Accommodation but put a separate figure for this * in the brackets)	(970) 76,184	(970) 98,090	(970) 117,292	(970) 119,498	(970) 134,945	(1,000) 178,895
Welfare Services for the Handicapped under S.29 of the National Assistance Act, 1948	6,641	6,905	7,378	7,747	7,990	8,820
Other Welfare Services provided under the National Assistance Act, 1948	3,740	4,240	4,740	5,240	5,740	8,240
Grand Total of Expenditure	£292,320	£348,875	£391,265	£409,405	£430,410	£518,525

\*It is envisaged that it will be possible to terminate the Joint User arrangements at St. Mary's Hospital, Bury St. Edmunds during 1965/66.

